

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING		PAGE OF PAGES 1 5	
2. CONTRACT NUMBER		3. SOLICITATION NUMBER SOL-660-16-000011		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 05/19/2016	
7. ISSUED BY USAID Dem. Rep Congo 00000		CODE DROC		8. ADDRESS OFFER TO (If other than Item 7)			

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until 1700 LT local time 06/09/2016
(Hour) (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME SANDRA KIYANGA	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS skiyanga@usaid.gov
		AREA CODE 243	NUMBER 817-0057	EXT. 22	

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<input type="checkbox"/>	A	SOLICITATION/CONTRACT FORM		<input type="checkbox"/>	I	CONTRACT CLAUSES	
<input type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
<input type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT		<input type="checkbox"/>	J	LIST OF ATTACHMENTS	
<input type="checkbox"/>	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
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<input type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS		<input type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)	10 CALENDAR DAYS (%)	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)

14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offers and related documents numbered and dated):	AMENDMENT NO.		DATE	AMENDMENT NO.		DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)		

15B. TELEPHONE NUMBER			15C. CHECK IF REMITTANCE ADDRESS		17. SIGNATURE	18. OFFER DATE
AREA CODE	NUMBER	EXT.	<input type="checkbox"/> IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.			

AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT		21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()				23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)	
24. ADMINISTERED BY (If other than Item 7)				25. PAYMENT WILL BE MADE BY	
CODE				CODE	
26. NAME OF CONTRACTING OFFICER (Type or print) Michael Sampson				27. UNITED STATES OF AMERICA (Signature of Contracting Officer)	
				28. AWARD DATE	

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	Delivery Location Code: USAID/DROC USAID/DROC Executive Office USAID/DROC 1980 Isiro Avenue Kinshasa/Gombe, DROC Provide \$247,256.00 for the first year of TCN/PSC contract for the CARPE's GCC Specialist				

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Clauses

USPSC Solicitation Template

SOLICITATION NUMBER: []

ISSUANCE DATE: []

CLOSING DATE/TIME: []

SUBJECT: Solicitation for U.S. Personal Service Contractor (PSC)

Dear Prospective Applicants:

The United States Government, represented by the U.S. Agency for International Development (USAID), is seeking applications from qualified persons to provide personal services under contract as described in this solicitation.

Application must be in accordance with Attachment 1, Sections I through V of this solicitation. Incomplete or unsigned applications will not be considered. Applicants should retain copies of all application materials for their records.

This solicitation in no way obligates USAID to award a PSC contract, nor does it commit USAID to pay any cost incurred in the preparation and submission of the application.

Any questions must be directed in writing to the Point of Contact specified in the attached information.

Sincerely,

[]

Contracting Officer

I. GENERAL INFORMATION

1. SOLICITATION NO.: []

2. ISSUANCE DATE: []

3. CLOSING DATE/TIME FOR RECEIPT OF APPLICATIONS: []

4. POSITION TITLE: []

5. MARKET VALUE: \$[]-\$[] equivalent to GS-[]

Final compensation will be negotiated within the listed market value.

If the position is for a Washington based PSC, candidates who live outside the Washington, D.C. area will be considered for employment, but no relocation expenses will be reimbursed.

6. PERIOD OF PERFORMANCE: []

7. PLACE OF PERFORMANCE: [] with possible travel as stated in the Statement of Work.

8. SECURITY LEVEL REQUIRED: []

9. STATEMENT OF DUTIES

[]

10. PHYSICAL DEMANDS

The work requested does not involve undue physical demands.

11. POINT OF CONTACT: [], email at []@usaid.gov.

II. MINIMUM QUALIFICATIONS REQUIRED FOR THIS POSITION

[]

III. EVALUATION AND SELECTION FACTORS

[]

IV. APPLYING

1. Qualified applicants are requested to submit a U.S. Government Optional Form (OF) 612 available at:

the USAID website: <http://www.usaid.gov/forms>

the GSA website: <http://www.opm.gov/forms/Optional-forms/>

2. Applications must be received by the closing date and time specified in Section I, item 3, and submitted to the Point of Contact in Section I, item 11.

3. To ensure consideration of applications for the intended position, Applicants must prominently reference the Solicitation number in the application submission.

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V. LIST OF REQUIRED FORMS FOR PSC HIRES

Once the CO informs the successful Applicant about being selected for a contract award, the CO will provide the successful Applicant instructions about how to complete and submit the following forms.

1. Medical History and Examination Form (Department of State Forms)

2. Questionnaire for Sensitive Positions for National Security (SF-86), or

3. Questionnaire for Non-Sensitive Positions (SF-85)

4. Finger Print Card (FD-258)

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VI. BENEFITS/ALLOWANCES

As a matter of policy, and as appropriate, a PSC is normally authorized the following benefits and allowances:

1. BENEFITS:

(a) Employer's FICA Contribution

(b) Contribution toward Health & Life Insurance

(c) Pay Comparability Adjustment

(d) Annual Increase (pending a satisfactory performance evaluation)

(e) Eligibility for Worker's Compensation

(f) Annual and Sick Leave

2. ALLOWANCES:

Section numbers refer to rules from the Department of State Standardized Regulations (Government Civilians Foreign Areas)

[]

VII. TAXES

USPSCs are required to pay Federal income taxes, FICA, Medicare and applicable State Income taxes.

VIII. ACQUISITION & ASSISTANCE POLICY DIRECTIVES (AAPDS) AND CONTRACT INFORMATION BULLETINS (CIBS) PERTAINING TO PSCs

[AAPDs and CIBs contain changes to USAID policy and the PSC General Provisions in accordance with USAID regulations and contracts. See <http://www.usaid.gov/work-usaid/aapds-cibs> to determine which AAPDs and CIBs apply and insert the relevant text as required.]